

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER TO MODIFY INITIAL ORDER	FILE NO.
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In the matter of _____

1. Date of Hearing: _____ Judge: _____ Bar no.

2. This court issued an initial order on _____ directing the above named individual to undergo a
Date
 program of alternative treatment or combined hospitalization and alternative treatment not to exceed 90 days.

3. The court has been notified that:

- ☐ the individual is not complying with the order.
☐ alternative treatment has not been or will not be sufficient to prevent harm or injury the individual may inflict upon self or others.
☐ the individual believes that the alternative treatment program is not appropriate.

4. THE COURT FINDS:

IT IS ORDERED:

- ☐ 5. The initial order is modified and the individual shall undergo a program of alternative treatment under the supervision of
 _____ ☐ community mental health services program
☐ a mental health agency or professional

as follows: _____

This alternative treatment shall not exceed 90 days from the date of issuance of the initial order.

- ☐ 6. The initial order is modified and the individual shall continue to undergo combined hospitalization and alternative treatment for the remainder of the initially ordered 90 day period. The individual shall be hospitalized at _____
 _____ for a period not to exceed the remainder of the initially ordered 90 day period, or 60 days, or for the remainder of the 60 day hospitalization portion of the initial combined order, whichever is shortest. Alternative treatment shall be under the supervision of

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

6. continued

- ☐ community mental health services program
☐ a mental health agency or professional

as follows: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the alternative treatment program along with a psychiatrist's statement that the individual is clinically appropriate for alternative treatment.

- ☐ 7. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

8. This order expires on _____ . Note: No later than the 90 day period of the initial order.

Date

Date

Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

1. This court has ordered you to be hospitalized rather than continue in an alternative treatment program.

2. You have a right to object to this hospitalization. If you wish to object, notify the _____
County Probate Court. Complete the objection below and send a copy to the court.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____ m.
Date Time
and a copy mailed to the _____ Court on _____ .
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature